

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213516239					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: GeoSyntec Consultants, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: FL</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 4/30/2013</p> <p>SCC ID NO: F1104969</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 900 BROKEN SOUND PKWY NW STE 200</p> <p style="text-align: center;">CITY/ST/ZIP: BOCA RATON, FL 33487-2775</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RUDOLPH BONAPARTE TITLE: P/CEO/COB/DIR ADDRESS: 2002 SUMMIT BLVD NE STE 885 CITY/ST/ZIP/CO: ATLANTA, GA 30319 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: RUDOLPH BONAPARTE TITLE: P/CEO/COB/DIR ADDRESS: 2002 SUMMIT BLVD NE STE 885 CITY/ST/ZIP/CO: ATLANTA, GA 30319	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: RUDOLPH BONAPARTE TITLE: P/CEO/COB/DIR ADDRESS: 2002 SUMMIT BLVD NE STE 885 CITY/ST/ZIP/CO: ATLANTA, GA 30319	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THIERRY SANGLERAT TITLE: VICE PRESIDENT ADDRESS: 2100 MAIN ST #150 CITY/ST/ZIP/CO: HUNTINGTON BEACH, CA 92648 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: THIERRY SANGLERAT TITLE: VICE PRESIDENT ADDRESS: 2100 MAIN ST #150 CITY/ST/ZIP/CO: HUNTINGTON BEACH, CA 92648	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: THIERRY SANGLERAT TITLE: VICE PRESIDENT ADDRESS: 2100 MAIN ST #150 CITY/ST/ZIP/CO: HUNTINGTON BEACH, CA 92648	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JON S DICKINSON TITLE: VP/CFO ADDRESS: 900 BROKEN SOUND PKWY NW STE 200 CITY/ST/ZIP/CO: BOCA RATON, FL 33487-2775 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JON S DICKINSON TITLE: VP/CFO ADDRESS: 900 BROKEN SOUND PKWY NW STE 200 CITY/ST/ZIP/CO: BOCA RATON, FL 33487-2775	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: JON S DICKINSON TITLE: VP/CFO ADDRESS: 900 BROKEN SOUND PKWY NW STE 200 CITY/ST/ZIP/CO: BOCA RATON, FL 33487-2775	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NANCY BICE TITLE: S/D ADDRESS: 1111 BROADWAY 6TH FL CITY/ST/ZIP/CO: OAKLAND, CA 94607 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: NANCY BICE TITLE: S/D ADDRESS: 1111 BROADWAY 6TH FL CITY/ST/ZIP/CO: OAKLAND, CA 94607	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: NANCY BICE TITLE: S/D ADDRESS: 1111 BROADWAY 6TH FL CITY/ST/ZIP/CO: OAKLAND, CA 94607	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PETER ZEEB TITLE: T/D ADDRESS: 289 GREAT RD STE 105 CITY/ST/ZIP/CO: ACTON, MA 01720 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: PETER ZEEB TITLE: T/D ADDRESS: 289 GREAT RD STE 105 CITY/ST/ZIP/CO: ACTON, MA 01720	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: PETER ZEEB TITLE: T/D ADDRESS: 289 GREAT RD STE 105 CITY/ST/ZIP/CO: ACTON, MA 01720	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	Sam Williams	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10875 Rancho Bernardo Rd, Suite 200		
CITY/ST/ZIP/CO:	San Diego, CA 92127		
NAME:	Bert Palmer	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2100 Main St. #150		
CITY/ST/ZIP/CO:	Huntington Beach, CA 92648		
NAME:	Susan Hill	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1420 Kensington Road, Suite 103		
CITY/ST/ZIP/CO:	Oakbrook, IL 60523		
NAME:	Mike Houlihan	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10220 Old Columbia Road, Suite A		
CITY/ST/ZIP/CO:	Columbia, MD 21046		
NAME:	Billy Villet	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1111 Broadway St. 6th Floor		
CITY/ST/ZIP/CO:	Oakland, CA 94607		
NAME:	Ken Susilo	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3415 S. Sepulveda Blvd., Suite 500		
CITY/ST/ZIP/CO:	Los Angeles, CA 90034		
NAME:	Eric Strecker	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	621 SW Morrison ST. Suite 600		
CITY/ST/ZIP/CO:	Portland, OR 97205		
NAME:	Sean Ragain	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	621 SW Morrison St. Suite 600		
CITY/ST/ZIP/CO:	Portland, OR 97205		
NAME:	Paul Sanner	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1111 Broadway St. 6th Floor		
CITY/ST/ZIP/CO:	Oakland, CA 94607		
NAME:	Doug Larson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	289 Great Acton Road, Suite 105		
CITY/ST/ZIP/CO:	Acton, MA 01720		
NAME:	Bert Palmer	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2100 Main St. #150		
CITY/ST/ZIP/CO:	Huntington Beach, CA 92648		

NAME:	Neil Davies	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	835 Georgia Ave, Suite 700		
CITY/ST/ZIP/CO:	Chattanooga, TN 37402		
NAME:	Todd Hagemeyer	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1255 Roberts Road		
CITY/ST/ZIP/CO:	Kennesaw, GA 30342		
NAME:	Lisa Brandon	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	289 Great Acton Road, Suite 105		
CITY/ST/ZIP/CO:	Acton, MA 01720		
NAME:	Mark Grivetti	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	924 Anacapa St. Suite 4A		
CITY/ST/ZIP/CO:	Santa Barbara, CA 93101		
NAME:	Margaret Staub	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7009 S. Potomac St. Suite 300		
CITY/ST/ZIP/CO:	Centennial, CO 80112		
NAME:	Evan Cox	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	130 Research Lane		
CITY/ST/ZIP/CO:	Guelph, Ontario, N1G5B2, CA		
NAME:	Dave Major	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	130 Research Lane		
CITY/ST/ZIP/CO:	Guelph, Ontario, N1G5B2, CA		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JON S DICKINSON	JON S DICKINSON, VP/CFO	4/1/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			